



15541 U.S.PTO

030304

19270 U.S.PTO  
10/792333

030304

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                               |                             |
|-------------------------------|-----------------------------|
| <i>Attorney Docket No.</i>    | 8512.0001                   |
| <i>First Inventor</i>         | Eric Foxman                 |
| <i>Title</i>                  | HANGOVER RELIEF COMPOSITION |
| <i>Express Mail Label No.</i> | EL915421980US               |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 9]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 0]
5.  Oath or Declaration [Total Sheets 1]
  - a.  Newly executed (original copy)
  - b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**  
**Mail Stop Patent Application**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8.  Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b.  Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  Paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure  Copies of IDS Citations Statement (IDS)/PTO-1449
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: Certificate of Mailing by Express Mail .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP) of prior application No. ....

Prior application information: Examiner \_\_\_\_\_ Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number 000152      OR       Correspondence address below

|         |  |           |                |          |                |
|---------|--|-----------|----------------|----------|----------------|
| Name    | Chernoff, Vilhauer, McClung & Stenzel, LLP |           |                |          |                |
| Address | 1600 ODS Tower                             |           |                |          |                |
|         | 601 S.W. Second Avenue                     |           |                |          |                |
| City    | Portland                                   | State     | Oregon         | Zip Code | 97204          |
| Country | USA  | Telephone | (503) 227-5631 | Fax      | (503) 228-4373 |

|                   |                   |                                   |                    |
|-------------------|-------------------|-----------------------------------|--------------------|
| Name (Print/Type) | Dennis E. Stenzel | Registration No. (Attorney/Agent) | 28,763             |
| Signature         |                   |                                   | Date <u>3/3/04</u> |



USPTO

# FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

**Complete if Known**

|   |                        |
|---|------------------------|
| Application Number  | concurrent             |
| Filing Date   | (concurrent herewith)  |
| First Named Inventor  | Eric Foxman            |
| Examiner Name   |                        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Art Unit               |
| TOTAL AMOUNT OF PAYMENT   | (\$606)                |
|   | Attorney Docket Number |
|   | 8512.0001              |

| METHOD OF PAYMENT (check all that apply)  |              |                    |           | FEE CALCULATION (Continued)   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
|---|--------------|--------------------|-----------|---|-------|--|--|--------------|--------------|-----------------|--|----------|----------|----------|----------|----------|------|------|-----|----|-------------------------------------|------|------|----|----|--|------|------|-----|-----|---------------------------|------|------|-------|-------|---|------|------|------|------|--|------|------|--------|--------|---|------|------|-----|----|--|------|------|-----|-----|---|------|------|-----|-----|--|------|------|-------|-----|---|------|------|-------|-------|--|------|------|-----|-----|------------------|------|------|-----|-----|--|------|------|-----|-----|--------------------------|------|------|-------|-------|---|------|------|-----|----|----------------------------------|------|------|-------|-----|------------------------------------|------|------|-------|-----|--------------------------------|------|------|-----|-----|------------------|------|------|-----|-----|-----------------|------|------|-----|-----|-------------------------------|------|------|----|----|-------------------------------------|------|------|-----|-----|---|------|------|----|----|--|------|------|-----|-----|---|------|------|-----|-----|--|------|------|-----|-----|---|------|------|-----|-----|---|---------------------|--|--|--|-----------------------------------|--|--|--|----------------------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |              |                    |           | <b>3. ADDITIONAL FEES</b>   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 03-1550<br>Deposit Account Name: Chernoff Vilhauer McClung & Stenzel  |              |                    |           | <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td>130</td> <td>65</td> <td>Surcharge – late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>2052</td> <td>50</td> <td>25</td> <td>Surcharge – late provisional filing fee or cover sheet</td> </tr> <tr> <td>1053</td> <td>1053</td> <td>130</td> <td>130</td> <td>Non-English specification</td> </tr> <tr> <td>1812</td> <td>1812</td> <td>2,520</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> </tr> <tr> <td>1804</td> <td>1804</td> <td>920*</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>1805</td> <td>1805</td> <td>1,840*</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>1251</td> <td>2251</td> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>2252</td> <td>420</td> <td>210</td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>2253</td> <td>950</td> <td>475</td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>2254</td> <td>1,480</td> <td>740</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2255</td> <td>2,010</td> <td>1,005</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>2401</td> <td>330</td> <td>165</td> <td>Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>2402</td> <td>330</td> <td>165</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>2403</td> <td>290</td> <td>145</td> <td>Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1451</td> <td>1,510</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>1452</td> <td>2542</td> <td>110</td> <td>55</td> <td>Petition to revive – unavoidable</td> </tr> <tr> <td>1453</td> <td>2453</td> <td>1,330</td> <td>665</td> <td>Petition to revive – unintentional</td> </tr> <tr> <td>1501</td> <td>2501</td> <td>1,330</td> <td>665</td> <td>Utility issue fee (or reissue)</td> </tr> <tr> <td>1502</td> <td>2502</td> <td>480</td> <td>240</td> <td>Design issue fee</td> </tr> <tr> <td>1503</td> <td>2503</td> <td>640</td> <td>320</td> <td>Plant issue fee</td> </tr> <tr> <td>1460</td> <td>1460</td> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> </tr> <tr> <td>1807</td> <td>1807</td> <td>50</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> </tr> <tr> <td>1806</td> <td>1806</td> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> </tr> <tr> <td>8021</td> <td>8021</td> <td>40</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td>1809</td> <td>2809</td> <td>770</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> </tr> <tr> <td>1810</td> <td>2810</td> <td>770</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> </tr> <tr> <td>1801</td> <td>2801</td> <td>770</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> </tr> <tr> <td>1802</td> <td>1802</td> <td>900</td> <td>900</td> <td>Request for expedited examination of a design application</td> </tr> <tr> <td colspan="4">Other fee (specify)</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$ 40)</td> </tr> </tbody> </table> |       |  |  | Large Entity | Small Entity | Fee Description |  | Fee Paid | Fee Code | Fee Code | Fee (\$) | Fee (\$) | 1051 | 2051 | 130 | 65 | Surcharge – late filing fee or oath | 1052 | 2052 | 50 | 25 | Surcharge – late provisional filing fee or cover sheet | 1053 | 1053 | 130 | 130 | Non-English specification | 1812 | 1812 | 2,520 | 2,520 | For filing a request for ex parte reexamination | 1804 | 1804 | 920* | 920* | Requesting publication of SIR prior to Examiner action | 1805 | 1805 | 1,840* | 1,840* | Requesting publication of SIR after Examiner action | 1251 | 2251 | 110 | 55 | Extension for reply within first month | 1252 | 2252 | 420 | 210 | Extension for reply within second month | 1253 | 2253 | 950 | 475 | Extension for reply within third month | 1254 | 2254 | 1,480 | 740 | Extension for reply within fourth month | 1255 | 2255 | 2,010 | 1,005 | Extension for reply within fifth month | 1401 | 2401 | 330 | 165 | Notice of Appeal | 1402 | 2402 | 330 | 165 | Filing a brief in support of an appeal | 1403 | 2403 | 290 | 145 | Request for oral hearing | 1451 | 1451 | 1,510 | 1,510 | Petition to institute a public use proceeding | 1452 | 2542 | 110 | 55 | Petition to revive – unavoidable | 1453 | 2453 | 1,330 | 665 | Petition to revive – unintentional | 1501 | 2501 | 1,330 | 665 | Utility issue fee (or reissue) | 1502 | 2502 | 480 | 240 | Design issue fee | 1503 | 2503 | 640 | 320 | Plant issue fee | 1460 | 1460 | 130 | 130 | Petitions to the Commissioner | 1807 | 1807 | 50 | 50 | Processing fee under 37 CFR 1.17(q) | 1806 | 1806 | 180 | 180 | Submission of Information Disclosure Stmt | 8021 | 8021 | 40 | 40 | Recording each patent assignment per property (times number of properties) | 1809 | 2809 | 770 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | 1810 | 2810 | 770 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | 1801 | 2801 | 770 | 385 | Request for Continued Examination (RCE) | 1802 | 1802 | 900 | 900 | Request for expedited examination of a design application | Other fee (specify) |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ 40) |
| Large Entity  | Small Entity | Fee Description    |           | Fee Paid  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Fee Code  | Fee Code     | Fee (\$)           | Fee (\$)  |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1051  | 2051         | 130                | 65        | Surcharge – late filing fee or oath   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1052  | 2052         | 50                 | 25        | Surcharge – late provisional filing fee or cover sheet  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1053  | 1053         | 130                | 130       | Non-English specification   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1812  | 1812         | 2,520              | 2,520     | For filing a request for ex parte reexamination   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1804  | 1804         | 920*               | 920*      | Requesting publication of SIR prior to Examiner action  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1805  | 1805         | 1,840*             | 1,840*    | Requesting publication of SIR after Examiner action   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1251  | 2251         | 110                | 55        | Extension for reply within first month  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1252  | 2252         | 420                | 210       | Extension for reply within second month   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1253  | 2253         | 950                | 475       | Extension for reply within third month  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1254  | 2254         | 1,480              | 740       | Extension for reply within fourth month   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1255  | 2255         | 2,010              | 1,005     | Extension for reply within fifth month  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1401  | 2401         | 330                | 165       | Notice of Appeal  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1402  | 2402         | 330                | 165       | Filing a brief in support of an appeal  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1403  | 2403         | 290                | 145       | Request for oral hearing  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1451  | 1451         | 1,510              | 1,510     | Petition to institute a public use proceeding   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1452  | 2542         | 110                | 55        | Petition to revive – unavoidable  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1453  | 2453         | 1,330              | 665       | Petition to revive – unintentional  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1501  | 2501         | 1,330              | 665       | Utility issue fee (or reissue)  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1502  | 2502         | 480                | 240       | Design issue fee  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1503  | 2503         | 640                | 320       | Plant issue fee   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1460  | 1460         | 130                | 130       | Petitions to the Commissioner   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1807  | 1807         | 50                 | 50        | Processing fee under 37 CFR 1.17(q)   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1806  | 1806         | 180                | 180       | Submission of Information Disclosure Stmt   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 8021  | 8021         | 40                 | 40        | Recording each patent assignment per property (times number of properties)  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1809  | 2809         | 770                | 385       | Filing a submission after final rejection (37 CFR 1.129(a))   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1810  | 2810         | 770                | 385       | For each additional invention to be examined (37 CFR 1.129(b))  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1801  | 2801         | 770                | 385       | Request for Continued Examination (RCE)   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1802  | 1802         | 900                | 900       | Request for expedited examination of a design application   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Other fee (specify)   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| *Reduced by Basic Filing Fee Paid   |              |                    |           | SUBTOTAL (3) (\$ 40)  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| <input checked="" type="checkbox"/> The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| FEE CALCULATION   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1. BASIC FILING FEE   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Large Entity  |              | Small Entity       |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Fee Code  | Fee (\$)     | Fee Code           | Fee (\$)  | Fee Description   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1001  | 770          | 2001               | 385       | Utility filing fee  | \$385 |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1002  | 340          | 2002               | 170       | Design filing fee   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1003  | 530          | 2003               | 265       | Plant filing fee  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1004  | 770          | 2004               | 385       | Reissue filing Fee  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1005  | 160          | 2005               | 80        | Provisional filing fee  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| SUBTOTAL (1) (\$ 385)   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Total Claims  |              | Extra Claims Below |           | Fee Paid  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 24  | -20** =      | 4                  | X 18/9 =  | \$36  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Independent Claims 3  | -3** =       | 0                  | X 86/93 = | 0   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Multiple Dependent  |              |                    | 290/145 = | \$145   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 3. ADDITIONAL FEES  |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Large Entity  |              | Small Entity       |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| Fee Code  | Fee (\$)     | Fee Code           | Fee (\$)  | Fee Descriptions  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1202  | 18           | 2202               | 9         | Claims in excess of 20  |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1201  | 86           | 2201               | 43        | Independent claims in excess of 3   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1203  | 290          | 2203               | 145       | Multiple dependent claim, if not paid   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1204  | 86           | 2204               | 43        | **Reissue independent claims over original patent   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| 1205  | 18           | 2205               | 9         | **Reissue claims in excess of 20 and over original patent   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| SUBTOTAL (2) (\$ 181)   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |
| **or number previously paid, if greater; For Reissues, see above.   |              |                    |           |   |       |  |  |              |              |                 |  |          |          |          |          |          |      |      |     |    |                                     |      |      |    |    |  |      |      |     |     |                           |      |      |       |       |   |      |      |      |      |  |      |      |        |        |   |      |      |     |    |  |      |      |     |     |   |      |      |     |     |  |      |      |       |     |   |      |      |       |       |  |      |      |     |     |                  |      |      |     |     |  |      |      |     |     |                          |      |      |       |       |   |      |      |     |    |                                  |      |      |       |     |                                    |      |      |       |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |   |      |      |    |    |  |      |      |     |     |   |      |      |     |     |  |      |      |     |     |   |      |      |     |     |   |                     |  |  |  |                                   |  |  |  |                      |

|                   |                   |                                      |        |                          |                |
|-------------------|-------------------|--------------------------------------|--------|--------------------------|----------------|
| SUBMITTED BY      |                   |                                      |        | (Complete if applicable) |                |
| Name (Print/Type) | Dennis E. Stenzel | Registration No.<br>(Attorney/Agent) | 28,763 | Telephone                | (503) 227-5631 |
| Signature         |                   |                                      | Date   | 3/3/04                   |                |

**WARNING:** Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

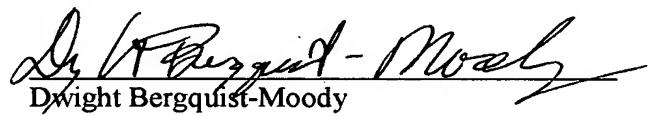
**CERTIFICATE OF MAILING BY**

**"EXPRESS MAIL"**

Express Mail No. EL 915421980 US

Date of Deposit: March 3, 2004

I hereby certify that the patent application attached hereto entitled **HANGOVER RELIEF COMPOSITION**, Eric Foxman, inventor, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to **MAIL STOP PATENT APPLICATION, Commissioner for Patents, PO Box 1450, ALEXANDRIA, VA 22313-1450.**



Dwight Bergquist-Moody

A handwritten signature in black ink, appearing to read "Dwight Bergquist-Moody". The signature is fluid and cursive, with "Dwight" on top, "Bergquist" in the middle, and "Moody" on the bottom right.